

## **CITY OF FAIRFAX**

## WILLIAM PAGE JOHNSON, II

Commissioner of the Revenue

City Hall, Room 210 • 10455 Armstrong Street • Fairfax, Virginia 22030 Phone (703) 385-7880 • FAX (703) 359-2499 • e-mail: pjohnson@fairfaxva.gov



## **BUSINESS LICENSE APPLICATION**

APPLICATION AND PAYMENT DUE BY MARCH 1, 2004

**OR WITHIN 30 DAYS OF STARTING BUSINESS** 

DATE RUSINESS REGAN LICENSE NUMBER FEDERAL LD. OR SOCIAL SECURITY NO.

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APPLICANT'S NAME					INDIVIDUAL ☐ CORPORATION ☐			
TRADE NAME (if any)				ING OF	PARTNERSHIP ASSOCIATION			
MAILING ADDRESS				BUS. TEL. NO.				
CITY / STATE / ZIP CODE				BUS. FAX NO				
BUSINESS LOCATION				E-MAIL				
	E OF BUSINESS				UU XSTIIET TO YA	Sent to experi	TOTAL SECTION	
PREMIS	J RENT OR LEASE THES SES? ☐ YES ☐ NO FURNISH NAME AND ADDRESS O	F LANDLORD OR LESSOR	MAILING ADDRE	ESS		1,000,01.01	diff	
AMOUN	TOF ANNUAL RENT\$_		CITY/STATE/Z	IP CODE	all'enjuper è			
LINE	SERVICE DESCRIPT	ION	N INSTRUCTIONS		GROSS RECEIPTS COLUMN A	TAX RATE COLUMN B	TOTAL TAX COLUMN C	
1		Enter estimated 2 Enter rate (see so Multiply Line 1 Co	Enter estimated 2004 Gross Receipts on Line 1 Column A. Enter rate (see schedule) on Line 1 Column B. Multiply Line 1 Column A by Line 1 Column B and enter result on Line 1 Column C.				LONG S	
2			For License based on Flat Rate (see schedule) enter on Line 2 Column C.			agentand :	nitrata	
3	o file an application: near of the tax from ental Revenue Code	appe the fallers are to be to the fallers are to th	or fax will be imposted terrest shall be charge that ourseled to Settle	PTROLL PAL SKI SLIGHTE		y of test percer entry of or ine entry until the da	Great A Faction	
4	Discover of the	NE ENFONCED	D AND DENALTIES	aru gasi	BO YITCHES	agia arassanda	REET TO WAT	
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7	S.Brossasa awa	IO.S MOLES IN	MOD SHIT TOATMOO		HESTTONS, PE	TOTAL BVAR ESE (COY) TA	DIASO 18 AD	
OATH: I, THE UNDERSIGNED APPLICANT DO SWEAR (OR AFFIRM) THAT THE FOREGOING FIGURES AND STATEMENTS ARE TRUE, FULL AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.				SUBTOTAL: PENALTY:				
					INTEREST:			
SIGNATURE OF APPLICANT DATE				TOTAL AMOUNT DUE:				
PRINT OR TYPE NAME AND TITLE OF PERSON SIGNING PHONE NUMBER				* YOU MUST REPORT GROSS RECEIPTS * MAKE CHECK PAYABLE TO: TREASURER, CITY OF FAIRFAX				